



## RESIDENTIAL DEMOLITION PROPOSED

395 SW Twin Oaks Circle

A demolition permit application has been submitted to Development Services, to demolish an existing residential dwelling and garage at 395 SW Twin Oaks Circle.

As required under City Municipal Code Section 9.01.100.100, a minimum of 50 calendar days prior to issuance of a demolition permit, the owner shall be required to make the structure available to be acquired and moved by a willing party.

Applicant contact information can be found on the attached demolition permit application checklist and permit application form. Additional application materials, including photos of the structure proposed to be demolished, are available at <http://archive.corvallisoregon.gov/browse.aspx?startid=799632>. Application materials may also be viewed at the Development Services Division office, located at 501 SW Madison Ave.

The regulation of hazardous materials is under the exclusive jurisdiction of the Oregon Department of Environmental Quality (DEQ). More information regarding hazardous materials is available at <http://www.deq.state.or.us/lq/sw/hhw/index.htm>, or by contacting DEQ at 1-800-452-4011.

For more information regarding the demolition permit process, please contact Development Services at 541-766-6929, or [development.services@corvallisoregon.gov](mailto:development.services@corvallisoregon.gov).



DEMO

Google earth

feet  
meters

100

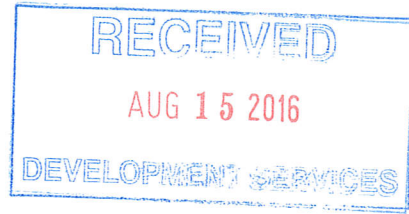
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Google earth

RECEIVED  
JUL 27 2016  
DEVELOPMENT SERVICES

BDDU-00505





City of Corvallis, Oregon  
Development Services Division

501 SW Madison Avenue, PO Box 1083  
Corvallis, OR 97339-1083

541-766-6929

[development.services@corvallisoregon.gov](mailto:development.services@corvallisoregon.gov)

**Demolition Plan Review Application Addendum**

BLD# 16-00561

- ☐ Does this proposal involve a request to demolish a one or two family residential dwelling or an residential accessory structure (e.g., detached garage) that is greater than 200 square feet?
- ☒ Yes - If yes, the proposal is subject to Section 9.01.100.100 of the Municipal Code and requires a minimum fifty (50) calendar day notification period. Please be advised, the required notification period does not start until your application has been submitted and the notification board is posted at the site. You will be contacted by Development Services staff within five (5) working days from the date you submit your application, to pick up your notification information and board.
- ☐ No - Staff will review your demolition application (once it is determined complete) within seven (7) calendar days.
- ☐ Building permit application form.
- ☒ Date of the proposed demolition activity (min. 55 days from application date) OCT 15TH 20 16.
- ☐ Description summarizing scope of proposed demolition activity (structures being removed, site grading, etc).  
DEMO BLDG & ATTACHED GARAGE CAP WATER LINE & SEWER FOR FUTURE USE
- ☒ List all known hazardous materials (e.g., asbestos, lead paint) related to the demolition.  
ASBESTOS IN LIVING ROOM DRYWALL & EXTERIOR SIDING, HAS BEEN ABATED
- ☐ No known hazardous materials
- ☒ Hazardous materials abatement contractor(s) contact information (if different than the contractor).
- Company name: PACIAL ENVIRONMENTAL GROUP INC
- Contact name: THOMAS C COX
- Address: 2302 ERMINE CT
- City,state,zip: ALBANY OR 97322
- Phone: 541 924 8707 Email: \_\_\_\_\_
- ☐ Is the structure designated as historic or within a designated historic district?
- ☐ Yes - Historic Permit (HPP) # \_\_\_\_\_. Development Services will not accept a demolition permit application until an HPP application has been submitted to the Planning Division.
- ☒ No

- ☒ **Contact information (realtor, agent, etc.) for any party interested in potentially purchasing the structure (required if the demolition involves a detached one or two family residential structure or residential accessory structure greater than 200 square feet).**

Contact name: Andrea Thornberry

Address: 398 SW Twin Oaks Cir.

City,state,zip: Corvallis Oregon 97339

Phone: 541 752 9833 x 110

Email: director@heartlandhumane.org

- ☒ **Photographs (required for 1 & 2 family residential proposals)** – Provide three digital .jpg photos of 1024x768 resolution or higher, to include views: a) from the street context, the entire structure from grade to the topmost point; and b) the subject structure in relationship to any other structures on the site, if any. Photos shall be conveyed by providing a compact disc, a thumb drive, or submitted electronically in advance of applying for your application. Photos must be received in advance or at the time this application is submitted.

- ☒ **Site plan** – Plan shall be to scale (3 copies required including one copy that is no larger than 11”X17” for scanning purposes) identifying the following:

- ☐ Location of all structures on the lot, including buildings, pavement, sidewalks, patios, etc.
- ☐ Existing trees and tree protection fencing. Fencing shall also be installed along the inside of the sidewalk to ensure the sidewalk is protected.
- ☐ Water meter location and indicate if it will be reused. The contractor shall disconnect from the private side. If using the meter during construction, identify location of the back-flow prevention and hose bibb on the plans.
  - ☐ Yes – The water meter will be reused.
  - ☐ No – The water meter will not be reused.
- ☐ Sewer lateral - Location of the lateral and indicate if it will be reused.
  - ☐ Yes- The sewer lateral will be reused.
  - ☐ No - The sewer lateral will not be reused.

- ☒ **Plumbing Permit** for sewer or water cap.

- ☒ **SDC Worksheet.**

- ☐ **Erosion prevention and sediment control (EPSC) plan** (required along with EPSC permit application if the project will potentially disturb 2,000 sq-ft or more ground surface). EXC Permit # \_\_\_\_\_

- ☐ If the removal of a basement is involved, describe proposed future use of lot and/or method of backfill and materials to be used. \_\_\_\_\_

- ☒ **Property owners contact information.**

Name: Same as above

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

- ☒ **Authorization** - If the applicant is not the property owner(s), a signed letter of authorization (or signatures below) from all property owners is required. Alternatively, please provide a power-of-attorney or other written authority, authorizing applicant to sign on behalf of property owner(s).

Owner's Signature: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_





## Building Permit Application

City of Corvallis, Development Services Division  
PO Box 1083, Corvallis OR 97339  
501 SW Madison Avenue, Corvallis OR 97333  
Phone: 541-766-6929  
E-mail: [development.services@corvallisoregon.gov](mailto:development.services@corvallisoregon.gov)  
Web: [www.corvallispermits.com](http://www.corvallispermits.com)

### DEPARTMENT USE ONLY

Permit No: BLDILE-00505

Receipt No: 00561

Date:

Plan Review Fee Pd: \$487.00

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
JOB SITE LOCATION	
Job site address (or map & tax lot number): <u>395 TWIN OAKS CIR. CORVALLIS OR.</u>	
DESCRIPTION OF WORK	
<u>DEMO BUILDING LEAVE SEWER &amp; WATER METER FOR FUTURE USE.</u>	
APPLICANT (OWNER OR AGENT)	
Company name: <u>BALDWIN GENERAL CONTRACTING</u>	
Contact name: <u>GUY SHADWICK</u>	
Address: <u>1224 SANTIAM RD S.E.</u>	
City, state, zip: <u>ALBANY OR. 97321</u>	
Phone: <u>541 926 2719</u>	Fax:
E-mail: <u>GUY@BALDWINGENERAL.COM</u>	
Applicant's signature: <u>[Signature]</u>	
Print name: <u>GUY SHADWICK</u>	Date: <u>7/25/16</u>
DESIGN PROFESSIONAL IN RESPONSIBLE CHARGE	
Name: <u>SAME AS ABOVE</u>	
Address:	
City, state, zip:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: <u>SAME AS ABOVE</u>	
Address:	
City, state, zip:	
Phone:	Fax:
E-mail:	
CCB license number: <u>163467</u>	Expiration date:

### REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area (sq ft):

Garage/carport area (sq ft):

Covered porch area (sq ft):

Deck area (sq ft):

Other structure area (sq ft):

### REQUIRED DATA: COMMERCIAL & MULTI-FAMILY

Permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$ 18,000.00

Existing building area (sq ft):

New building area (sq ft):

Number of stories:

Type of construction:

Occupancy group:

Existing occupancy:

New proposed occupancy:

### NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractor's Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

### Manufactured Homes Fees

Manufactured Home Installation	\$275
State Surcharge 12%	\$ 33
State Service Charge	\$ 30

**PLEASE NOTE:** Intake fees initiate the plan review process. All remaining plan review fees are collected at the time of permit issuance. If the application is expired or voided prior to permit issuance, all remaining plan review fees will be due. I have read and understand these terms. Initial: \_\_\_\_\_

\*\*\*This application is valid for 180 days\*\*\*